

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10581221

FILING DATE

7-25-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18	1					
19	1					
20		1				
21		1				
22	3					
23	3					
24	3					
25	0					
26	0					
27	1					
28	1					
29		1				
30	2					
31	0					
32	0					
33	0					
34	1					
35		1				
36			1			
37			1			
38			1			
39						
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48						
49			1			
50						
TOTAL IND.	6					
TOTAL DEP.	36					
TOTAL CLAIMS	42					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54					1	
55					1	
56						
57					1	
58					1	
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60					1	
61					1	
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97						
98						
99						
100						
TOTAL IND.					3	
TOTAL DEP.					22	
TOTAL CLAIMS					25	